

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN6501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/28/2013
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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 831 1200-8-6-.08 (1) Building Standards

(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.

This Rule is not met as evidenced by:  
Based on observation and interview, the facility failed to have a reliable sprinkler system water supply for each "building".

The findings include:

Observation and interview with the maintenance director on May 28, 2013 at 9:55 a.m. confirmed the facility is a type V combustible construction. The facility has three (3) fire compartments separated by three (3) four (4) hour fire walls. One (1) sprinkler main penetrates all three (3) 4-hour fire walls in the attic, where no sprinkler penetrations are permitted.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013.

N 831

- 1) It is the practice of this facility to assure that all Life Safety Codes are adhered to at all times. The facility will work with Tennessee licensed architects, engineers and codes officials to evaluate Morgan County nursing center in relation to the 2006 IBC and the existing construction IBC as well as all associated codes to formulate an acceptable Life Safety compliant solution. Evaluation and submission to Tennessee Health Department Construction review will be completed by August 9, 2013. All correction measures will be complete within 60 days from receipt of the Tennessee Construction review acceptance and confirmation of the proposed Life Safety compliant solution.
- 2) Facility sprinkler system will be modified as needed for code compliance.
- 3) Once sprinkler system has been brought into compliance, any future proposed changes will be submitted to Plans Review for approval to ensure system remains compliant.
- 4) Sprinkler system components will be tested monthly by Maintenance Director/designee and quarterly by sprinkler contractor. Results of tests will be presented by the Maintenance Director and reviewed in monthly Performance Improvement committee meeting for 3 months. Performance Committee member include E.D., D.O.N., A.D.O.N., R.S.M., Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, S.D.C., H.I.M., D.O.M., Medical Director, Pharmacy Consultant and Psycho Services.

September 9, 2013  
This is with the 60 day Extension.

N 848 1200-8-6-.08 (18) Building Standards

(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean

N 848

Division of Health Care Facilities

*[Signature]*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

6/12/13

(X6) DATE

STATE FORM

6820

77CY21

If continuation sheet 1 of 2

## Division of Health Care Facilities

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN6501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/28/2013
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MORGAN COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARBURG, TN 37887		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	Continued From page 1 utility rooms.  This Rule is not met as evidenced by: Based on observation, the facility failed to provide a supply a positive air pressure in all clean areas.  The findings include:  Observation on May 28, 2013 at 1:15 p.m. revealed that the clean linen room in the secure unit dining room was not provided with positive pressure.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013.	N 848	1) Clean linen was removed from the secure unit dining room closet on 6/12/13. The closet will now be used for activity supplies.  2) Maintenance Director and Maintenance Associates will complete a 100% audit of the building to maintain negative air pressure in the soiled utility areas, toilet rooms, janitor closets, dishwashing and other such soiled areas and positive air pressure in the clean linen and clean utility rooms by 6/21/13. Maintenance Director will report findings to the Performance Improvement Committee.  3) Maintenance Director along with Maintenance Associates will audit entire facility monthly for 3 months to ensure positive and negative air pressure works correctly.  4) Maintenance Director will report audit findings monthly to the Performance Improvement Committee to assure compliance monthly x 3. Performance Committee member include E.D., D.O.N., A.D.O.N., R.S.M., Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, S.D.C., H.I.M., D.O.M., Medical Director, Pharmacy Consultant and Psyche Services.	July 10, 2013

Division of Health Care Facilities  
STATE FORM

0099

77CY21

If continuation sheet 2 of 2

y. bbl

Executive Director

6/12/13